PTO/SB/21 (04-04 Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| TRANSMITTAL | Application Number | 10/735,166 | | | | | |
| I KANSWII I AL FORM | Filing Date | December 12, 2003 | | | | | |
| (to be used for all correspondence after initial filing) | First Named Inventor | Akira FUJIMOTO | | | | | |
| (to be used for all correspondence after initial filling) | Art Unit | 2813 | | | | | |
| | Examiner Name | Heather Anne Doty | | | | | |
| Total Number of Pages in This Submission | Attorney Docket Number | 1217-032383 | | | | | |

| ENCLOSURES (Check all that apply) | | | | | | | | |
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| × | Fee Transmittal Form | | Drawing(s) | | After Allowance communication to Technology Center (TC) | | | |
| | ☐ Fee Attached | | Licensing-related Papers | | | | | |
| × | Amendment/Reply | | Petition | | Appeal Communication to Board of Appeals and Interferences | | | |
| ☐ After Final | | ☐ Petition to Convert to a Provisional Application | | | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | | |
| | ☐ Affidavits/declaration(s) | | | _ | | | | |
| □ Extension of Time Request □ Express Abandonment Request ☑ Information Disclosure Statement □ Certified Copy of Priority Documents | | Power of Attorney, Revocation Change of Correspondence Address | | | Proprietary Information | | | |
| | | ☐ Terminal Disclaimer | | Status Letter | | | | |
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| | | ☐ Request for Refund | | identify below) | | | | |
| | | CD, Number of CD(s) | | | | | | |
| Response to Missing Parts/ Incomplete Application | | Kei | marks | | | | | |
| ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | |
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| | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | |
| Firm | Kent E. Baldauf | | | | | | | |
| or Indi | The Webb Law Firm | | | | | | | |
| Sigr | lature Soul E Sula | an | 1 | | | | | |
| Date | December 13, 2005 | 7 | | | | | | |
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| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | | | | | | |
| Typed or printed name | Diane Paull | | | | | | | |
| Signature | Diane Paule | Date | 12-13-2005 | | | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 P.R. 4818 Effective on 12/08/2004. Complete if Known Application Number 10/735,166 FEE TRANSMITT Apet 1 5 2005 Filing Date December 12, 2003 **For FY 2005** st Named Inventor Akira FUJIMOTO Applicant claims small entity status. See 37 CALLED Examiner Name Heather Anne Doty Art Unit 2813 TOTAL AMOUNT OF PAYMENT (\$) 0 Attorney Docket No. 1217-032383 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name 23-0650 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = 20 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee Paid (\$) Fee (\$) 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

SUBMITTED BY Signature 25,826 412-471-8815 Telephone Name (Print/Type) Kent E. Baldauf Date 12-13-2005